

# National Capitol Area Council Washington DC District

Fall 2010 Camporee



## The Amazing Race

at

Broad Creek Memorial Scout Reservation Camp  
Saffran

## Event Guide

October 22 - 24, 2010

# THE AMAZING RACE

## CAMPOREE STAFF

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**INTRODUCTION** - The Washington DC District Fall Camporee is being held at Camp Saffron at Broad Creek Memorial Scout Reservation, October 22 – 24, 2010. The fall camporee will involve activities in which patrols comprised of Scouts and 2<sup>nd</sup> year WEBELOS, race round the world (designated field areas within Camp Saffron) in competition with other patrols. Scouts strive to arrive first at "pit stops" at the end of each leg of the race to win the competition. Cub Scouts and 1<sup>st</sup> year WEBELOS will join the camporee by participating in a variety of fun and skill packed activities. The theme for this year's exciting camporee is "*The Amazing Scout Race*".

Updates and last minute information may be obtained from the Washington DC District Camporee website, [www.DCCamporee.info](http://www.DCCamporee.info).

**PARTICIPATION REQUIREMENTS** – The Boy Scout of America has established guidelines for its members' participation in camping activities.

*NOTE: ALL FAMILIES MUST PROVIDE THEIR OWN TENTS. Please bring your own linens and sleeping bags!*

**Boy Scouts** – At least one adult must be present for every eight youth members, but no fewer than two adults. At least one adult must be a registered Scouter, 21 years of age or older. Each troop (to include 1<sup>st</sup> and 2<sup>nd</sup> year Webelos) will be responsible for their own breakfast, lunch and dinner.

**Webelos Scouts** – 2<sup>nd</sup> year Webelos Scout will be assigned to a specific Scout patrol and may participate in overnight Scout camping. A 1<sup>st</sup> year Webelos Scout may participate in overnight den camping when supervised by his mother or father. If a parent cannot attend, arrangements must be made by the boy's family for another youth's parent, adult relative or family friend to be a substitute (not the Webelos leader) at the campout.

To adhere to BSA policy, a notarized note from the youth's parent or legal guardian stating that the "friend" is allowed to accompany the Webelos on the campout and they will NOT be allowed to camp with the child. The child would have to bunk with another Webelos if the parent cannot attend.

**Cub Scouts** - Cub Scouts will participate in a separate Day Program from 9:00 a.m. – 5:00 p.m. on Saturday, October 23, 2010. Those Cubs and parents wishing to stay overnight, Family Camping will be available. Those participating in Family Camping the cost will then be \$12.00 per person (which includes the cost for Day Program activities).

Cub and Cub parents (Tiger, Wolf, and Bear) may either bring their lunches for Saturday or for an additional \$3.00 enjoy delicious lunch in the OA pavillion prepared by the Camporee Cook Crew. Prior arrangements for these lunches must be made at the time registrations are sent in.

Leaders, Senior Patrol Leaders and Staff are invited to Cracker Barrel on Friday and Saturday nights at the main pavilion.

**REGISTRATION** – Advanced registration is a **MUST**. This event requires an accurate count of participants in order to ensure adequate program material is available for all programs. Registration for over night camping participants will be \$12.00 per attendee (Boy Scouts, Boy Scout Adult Leader/Parent, Webelos I and II, and Webelos Leader/Parent). Registration for Saturday Cub Day Program participants will be \$5.00 per attendee (Cub Scout, Cub Leaders and parents visiting for the day). The fee for Cub Scouts, Cub Leaders and Cub parents staying overnight in Family Camping is \$12.00. For those Tiger, Wolf, or Bear participants (youth or adult) desiring a Camporee Staff prepared lunch, there will be an additional charge of \$3.00. This does not include dinner. Payment in full is due by October 22. Visit the Washington DC District website [www.DCCamporee.info](http://www.DCCamporee.info) for registration for the *Amazing Race*.

*NOTE: The Cub Scout Saturday afternoon program will be held at Applewood Farm 2 miles from Broadcreek. There will be a reduced cost of \$3.00 per person (included in registration). Everyone will be able to enjoy the activities and take home a pumpkin! Cub Scout leaders and parents will need to transport the kids to and from the farm.*

**ARRIVAL** – Arrival/Check-In begins at 6:00 p.m. Friday night for campers. Broad Creek is approximately 2 hours from the Washington Metropolitan area. **Please allow for weekend traffic congestion when considering your travel time.** Be aware that there will be a toll road charge of \$2.00 per every 2 axles. Units will be directed to a designated area for unloading and parking. Please follow directions. Unit trailers/vehicles will not be permitted to park directly onto camping area; gear will need to be unloaded at the campsite and then moved to the designated parking area. Transport both gear and people in as few vehicles as possible is suggested. A unit leader should report to the Registration area next to the Main Office Building after 5:00 P.M. with a completed Unit Attendance forms and Medical Information forms. At this time, you will be presented with event related information.

Arrival/Check-In begins at 7:00 a.m. Saturday morning for Cub Day participants. Drivers will be directed to the designated area for parking. Cub leaders should go to the Registration area next to the Main Office Building to check-in. Please have medical forms for everyone attending in your group. If your unit will be participating in the afternoon lunch, please ensure that it is noted on your registration form.

**FEES** – Fees required for each adult and youth attending the camporee is outlined on the Registration form and due by October 22. Fees cover required insurance, program material, patches and incidental costs. Online registration is preferred. Fees can be paid using a credit card, checks, or money orders. Checks or Money Orders should be made out to BSA-NCAC and include the Washington DC 2010 Fall Camporee in the memo and mailed along with your online registration to:

NCAC, BSA  
9190 Rockville Pike  
Bethesda, MD 20814-3897

**LOCAL TOUR PERMITS** – Each unit must fill out and submit a Local Tour Permit (34426E) to the Marriott Scout Service Center (units outside of NCAC should follow rules specific to your Council). Because this camporee will take place in another Council, a tour permit will be required.

**TRANSPORTATION** – It is the responsibility of each unit to ensure that transportation requirements are met. Each vehicle transporting youth must be driven by a properly licensed adult, 18 years of age or older. Vehicles must be insured to at least the minimum level listed on a tour permit and each person must have a seat belt securely fastened. Unless being transported by a parent or guardian, the youth

protection “rule of three” should be observed. There should never be a one-on-one situation. A minimum of two adults and one youth, or two youth and one adult is the rule.

**MEDICAL INFORMATION FORMS** – Each adult and youth member attending the Fall Camporee must provide a properly filled out Medical Information form (334605) at check-in on the day of the camporee. A copy of the BSA Annual Health and Medical Record form is included in this guide. You may also obtain a copy of this form by accessing [www.Scouting.org](http://www.Scouting.org). Upon the request of the participant, the medical forms will be returned to the participant at the end of the camporee. Otherwise, the health forms will be destroyed after the camporee.

*NOTE: At registration, please notify the health staff of any participant with special health issues, required medication or special equipment.*

**PROHIBITED** – The Boys Scouts of America and the Washington DC District Camporee Committee strictly prohibited the following items and activity. Violation may cause ejection from the camporee.

- Alcohol
- Illegal Drugs
- Firearms
- Laser Pointers
- Liquid Fire Starter
- Sheath Knives
- Fireworks
- Double Bladed Axes
- Cutting or breaking live trees
- Entering another campsite without permission
- Vandalism
- Pets (Service animals excluded)

**REQUIRED EQUIPMENT** – The following equipment is required for each Family Unit, Cub Pack, Webelos Den, and Troop/Patrol to participate in the Fall Camporee:

- Boy Scout Handbook
- Den/Patrol Flag
- Tents
- Sleeping Bag
- Toiletries
- Extra clothing

Equipment that will be required to be carried by each Patrol during the event will be distributed at the last Roundtable (or shortly thereafter) before the Camporee.

<p><b>ADULT LEADERS ARE TO ENSURE YOUTH MEMBERS ARE PROPERLY SUPERVISED AT ALL TIMES!</b></p>
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**CONDUCT** – All Scouts and Scouters are expected to adhere to the principles of the Scout Oath, Scout Law and the Outdoor Code. Youth Protection should be in effect and adhered to at all times. Boy Scouts should operate under the patrol method with the Patrol Leader or designated alternate in charge. The Senior Patrol Leader (SPL) is in charge of the Troop.

**CRACKER BARREL** – There will be a Adult leader, Senior Patrol and Staff Cracker Barrel on Friday night. **At least one adult leader from each unit should be present to obtain pertinent camporee information.**

**GROUND FIRES** – Ground fires are **NOT** permitted outside of designated fire rings. Only 1 fire ring is available at each campsite. Since multiple units are sharing a campsite, expect to share the fire ring as well if you plan on using the provide fire ring.

Fires must be contained in completely above ground (minimum 18” off ground). **FIRES MUST BE ATTENDED TO AT ALL TIMES!** Charcoal grills and/or propane stoves with proper suprvision are recommended for cooking. Firewood is not available at the camporee.

**WATER** – Units are to provide unbreakable containers to transport water from water source to their campsite. The water source is not to be used for any other purposes such as washing up, brushing teeth, playing and washing dishes. **Adult and boy leaders are responsible for maintaining discipline at the water source!**

**LOST AND FOUND** – Items found should be returned to the camporee Registration area.

**CHURCH SERVICES** - Scouts own services will be conducted on Sunday morning at 10:00 a.m. The location for the service will be announced at the Friday night Cracker Barrel. Scouts should honor the twelfth Scout Law, “*A Scout is Reverent*”, by attending church services or conducting a “Scouts’ Own” at their site during that time. All are welcolmed.

**SANITATION** – Since both adults and youth will be using the provided facilities, the cleanliness of the facilities is the repsonsibility of everyone who use them. Instruct youth members of proper conduct when using the facilities. The facilities will be monitored frequently for cleanliness and, if necessary, units will be assigned to clean them. Disrespect and damage will not be tolerated. Anybody observed abusing the facilities will be immediately brought to the attention of their unit leader ad that unit will be required to clean the facilities and/or pay for any damage.

**TRASH** – All trash must be placed in approparte containers and removed from the campsites at the conculsion of the camppporee. Cooking grease must be placed in a covered container and discarded with the trash. Waste water used for clean-up is to be scattered well away from any inhabited campsite, preferrably allong a tree line. Solid waste should be screened out before scattering waste water. Cooking grease and waste water should never be discarded in the latrines. **PLEASE CARRY YOUR TRASH TO THE DUMPSTER!** The location of the dumpsters will be announced on Friday night at the camporee.

**FIRST AID** – A First Aid station will be staffed at all times during the camporee. Braun Cameron and his health and safety staff responsible for all medical issues during he camporee. All injuries should be brought to the attention of the First Aid staff in order to evaluate, treat and log the incident. If a victim cannot be moved, two (2) runners should be dispatched to the /first Aid station to summon assistance.

**INSPECTIONS** – Unit campsite will be inspected during the camporee. Unit should adhere to established Scout practice regarding health and safety, patrol organization and site appearance. A copy

of the inspection form is enclosed. A final site inspection will be conducted prior to unit departure at 10:00 a.m. on Sunday. **Unit Leaders can pick up their patches after final inspection is completed.** Units departing prior to 10:00 a.m. Sunday morning will need to make prior arrangements for their final inspection.

**ELECTRONIC EQUIPMENT** – Electronic equipment used for entertainment purposes is not appropriate at Boy Scout outings. This includes radio and television receivers, tape or CD players, IPODS, IPHONES and all electronic games. Any unit electronic equipment in support of health and safety is permitted. Personal cell phones **MUST** be turned off or in silent mode during all activities.

**Exception:** At least one cell phone will be required to be carried by each Patrol during the Race.

## **CAMPOREE ACTIVITIES**

### **BOY SCOUTS**

Scouts will traverse the terrain of Camp Saffron at Broad Creek Memorial Scout Reservation participating in:

- Knots
- Firebuilding
- First Aid
- Physical Fitness
- Orienteering
- Team Building Activities

### **1<sup>st</sup> YEAR WEBELOS**

1<sup>st</sup> year Webelos Scouts will participate in the following exciting and adventurous activities leading to their Outdoorsman Patch:

- “Get Ready for a Hike” – Instructions in hiking, and compass basics, outdoor essentials
- “First Aid You Should Know” – Blister and burns, drippers and squirters, ticks and bees
- “A Good Rope Can Save Your Life” – Rope work and knot tying
- “Get Ready for Camping” – Camping essentials for the 1<sup>st</sup> year Webelos
- “Let’s Have a Campfire” – Fire safety and fire start
- Overnight camping on Saturday night

**NOTE:** There will moonlight hike after the Saturday campfire.

### **2<sup>nd</sup> YEAR WEBELOS**

- Pairs of 2<sup>nd</sup> year Webelos will be integrated into the Boy Scout and will spend the day in competing in the Amazing Race.
- Ensure the 2<sup>nd</sup> year Webelos are aware of the perquisite Scouting skills for the Amazing Race. Camporee Staff does not expect proficiency of Scouting Skills by 2<sup>nd</sup> year Webelos at this Camporee.

### **CUB SCOUTS**

#### **Morning Sessions**

- Nature Hunt – Tiger/Wolf/Bear
- Ultimate Pumpkin Carving – Tiger/Wolf/Bear

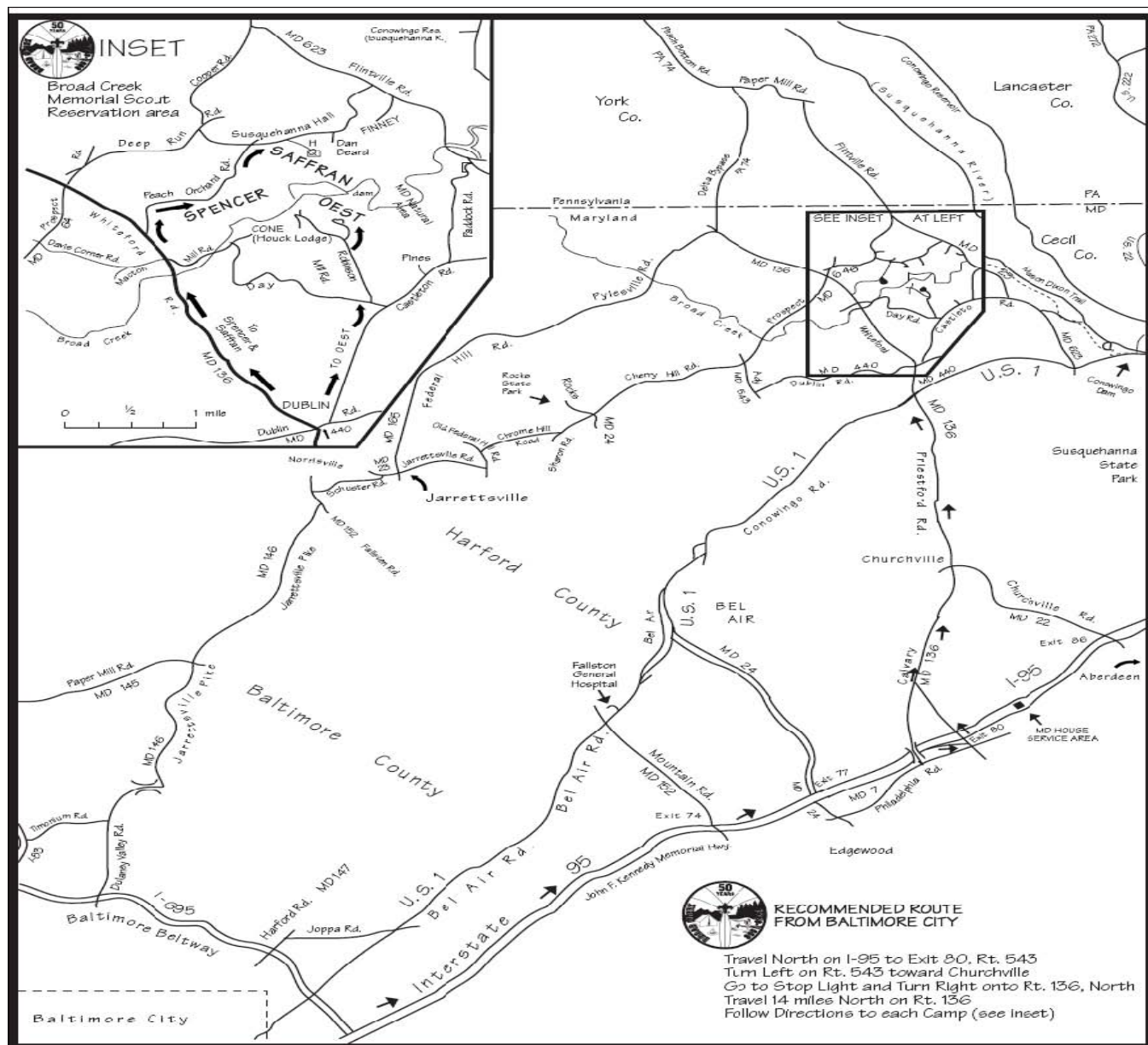
- Marshmallow Shoot – Tiger/Wolf/Bear
- Fossil Making – Tiger/Wolf/Bear
- Catapult Fun Game – Tiger/Wolf/Bear
- Saw Dust and Nails – Wolf/Bear
- Whittlin Chip - Bear

**Afternoon Sessions (At Apple Farm) (There will be a \$3.00 charge for the each participant)**

- Hayrides
- Petting Zoo
- Corn Maze
- Kiddie Maze
- Lawn Bowling
- Reindeer Antler Toss
- Model Trains
- Spooky Spot
- Picture Boards
- Applewood Play Ground
- Picnic Area



**TRAVEL DIRECTIONS** – Use the address and map below to determine your best route to the fall camporee.



## From Baltimore City

I-95 N. to Exit 80 (Churchville). Travel towards Churchville on Rte. 543. Go about 2 miles and turn right on Rte. 136. Go about 12 miles north on Rte. 136. You will cross Rte 22 and Rte. 1. Three miles from Rte. 1 you will come to a four way stop in Dublin.

# CAMPOREE EVENT SCHEDULE

## Friday, October 22

6:00 PM	Registration/Check-In Begins
Midnight	Registration/Check-In Closes
9:45 PM	Leaders and SPL Meeting
10:15 PM	Cracker Barrel
10:00 PM	Lights Out in Camping Areas (Quite Period Begins)
10:30 PM	Amazing Race Staff Meeting

## Saturday, October 23

6:30 AM	Quite Period Ends
7:00 AM	Registration Continues
7:30 AM	Breakfast at Campsite
8:15 AM	Amazing Race Staff Meeting
9:00 AM	Final Instruction to Patrol Leaders
9:15 AM	Flag Ceremony/Cub Fun Day Events Begin*
9:30 AM	Boy Scout Events Begin
11:45 AM	Lunch for Cub Scouts
12:00 Noon	Lunch for Boy Scouts and Webelos II
12:30 PM	Boy Scout Events Continue
1:00 PM	Cub Scout Events Continue/Applewood Farm
4:00 PM	Events End
5:15 PM	Flag Ceremony*
5:30 PM	Dinner
8:45 PM	OA Campfire and Awards Ceremony
9:45 PM	Moonlight Hike
10:00 PM	Cracker Barrel
Midnight	Lights Out in Camping Areas (Quite Period Begins)

## Sunday, October 24

6:30 AM	Quite Period Ends
7:30 AM	Flag Ceremony*
7:45 AM	Breakfast
9:00 AM	Scouts Own Service*
9:30 AM	3 Mile Hike for Outdoorsman Participants (Webelos I)
10:00 AM	Closing
<b>10:00 AM – Noon</b>	

**All units must check out with a Camporee Staff member before leaving.**

**Units must leave Camp Saffran by noon.**

\*NOTE: Ceremonies and religious services are appropriate times to wear Scout Field uniforms; (Class "A") as one way to demonstrate SCOUT SPIRIT. Time is provided in the schedule for Scouts to make uniform changes before and after events.

# FALL CAMPOREE CAMPSITE INSPECTION FORM

*Inspection is by Unit only, not by den or patrol*

UNIT: \_\_\_\_\_

CAMPSITE: \_\_\_\_\_

EVENT CAMPSITE INSPECTION		
POINTS	DESCRIPTION	SCORE
GENERAL CAMPSITE		
5	UNIT SITE IDENTIFIED	
5	PATROL/DEN SITE (S) IDENTIFIED	
5	UNIT BULLETIN BOARD – General Information	
5	PATROL /DEN BULLETIN BOARD –Menu & Duty Roster	
10	CAMPCRAFT (s)	
5	CAMPSITE CLEANLINESS (No trash)	
KITCHEN & COOK AREA		
5	CLEAN DISHES	
10	CLEAN DINING AREA (No food on ground, etc.)	
10	SAFE COOKING AREA (Stoves, Fire ring, etc.)	
10	SAFE KITCHEN AREA (Food, Knives stowed, etc.)	
SAFETY		
10	UNIT FIRST AID KIT ACCESSIBLE	
10	GUY LINES AND TENT LINES MARKED (Flagged)	
10	FIRE BUCKETS IN AREA (KP buckets filled with water, etc.)	
100	TOTAL:	

JUDGE'S COMMENTS

# Annual Health and Medical Record

(Valid for 12 calendar months)

## Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and C** are to be completed annually by all BSA unit members. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

**Part B** is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

## Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://www.scouting.org).

## Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA.



Emergency contact No.:

Allergies:

DOB:

Last name:

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male ☐ Female ☐  
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

### In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

### MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease (i.e., CHF, CAD, MI)	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition	
<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problems (women only)	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological and emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Learning disorders (i.e., ADHD, ADD)	
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorders (i.e., sleep apnea)	
<input type="checkbox"/>	<input type="checkbox"/>	GI problems (i.e., abdominal, digestive)	
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	
<input type="checkbox"/>	<input type="checkbox"/>	Serious injury	
<input type="checkbox"/>	<input type="checkbox"/>	Other	

### Allergies or Reaction to:

Medication \_\_\_\_\_  
 Food, Plants, or Insect Bites \_\_\_\_\_

### Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

☐ Exemption to immunizations claimed.

### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see [Scouting Safely on Scouting.org](http://Scouting Safely on Scouting.org).)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**



## Part B

### PHYSICAL EXAMINATION

Height \_\_\_\_\_ Weight \_\_\_\_\_ % body fat \_\_\_\_\_ Meets height/weight limits ☐ Yes ☐ No  
Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit [www.cdc.gov](http://www.cdc.gov).)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff) <input type="checkbox"/> Negative <input type="checkbox"/> Positive							

Allergies (to what agent, type of reaction, treatment): \_\_\_\_\_

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- ☐ Hiking and camping    ☐ Competitive activities    ☐ Backpacking    ☐ Swimming/water activities    ☐ Climbing/rappelling  
☐ Sports    ☐ Horseback riding    ☐ Scuba diving    ☐ Mountain biking    ☐ Challenge ("ropes") course  
☐ Cold-weather activity (<10°F)    ☐ Wilderness/backcountry treks

Specify restrictions (if none, so state) \_\_\_\_\_

**Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.**

**To Health Care Provider:** Restricted approval includes:

- Uncontrolled heart disease, asthma, or hypertension.
- Uncontrolled psychiatric disorders.
- Poorly controlled diabetes.
- Orthopedic injuries not cleared by a physician.
- Newly diagnosed seizure events (within 6 months).
- For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Office phone \_\_\_\_\_

Date \_\_\_\_\_

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

## Part B

Last name: \_\_\_\_\_ DOB: \_\_\_\_\_



## Part C

### Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, including examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

☐ Without restrictions.

☐ With special considerations or restrictions (list) \_\_\_\_\_

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Adults NOT authorized to take youth to and from the event:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_

(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>

SKU 34605



34605 2009 Printing

**Part C** Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

Rev. 9/2009





## TOUR PERMIT APPLICATION

FOR TRIPS AND CAMPS UNDER 500 MILES

Local permit No. \_\_\_\_\_ Date received \_\_\_\_\_ Date approved by council \_\_\_\_\_

A local tour permit is granted by the council for trips of less than 500 miles or travel to a council-owned camp. A National Tour Permit is granted by the region after approval of the council and is required for trips in excess of 500 miles one way or for any trips outside the United States of America. A council needs the application at least two weeks in advance of the activity for local permits. Councils may require additional time for special activities, and unit leaders completing this application should plan accordingly. Units are strongly encouraged to utilize [MyScouting](#) to file all permits electronically. Print or reproduce on legal- or ledger-size paper.

Unit title \_\_\_\_\_ Unit No. \_\_\_\_\_ Chartered organization \_\_\_\_\_

Council name/No. \_\_\_\_\_ / \_\_\_\_\_ District \_\_\_\_\_

Purpose of this trip is \_\_\_\_\_

From (city and state) \_\_\_\_\_ to \_\_\_\_\_

Mileage round trip \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ Total days \_\_\_\_\_

Is accident/sickness insurance in force for this unit? ☐ Yes ☐ No Company name and policy No. \_\_\_\_\_

**Itinerary:** It is required that the following information be provided for *each day* of the tour. (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required. Include detailed information on campsites, routes, and float plans, and include maps for wilderness travel as required by the local council.

Date	Travel		Mileage	Overnight stopping place (Check if reservations are cleared.)	<input checked="" type="checkbox"/>
	From	To			

**Type of trip:** ☐ Day trip ☐ Short-term camp (less than 72 hours)  
☐ Long-term camp (longer than 72 hours) (Furnish copy of program and menus.) ☐ High-adventure activities

**Leadership and Youth Protection Training:** Boy Scouts of America policy requires at least two adult leaders on all camping trips and tours. Coed Venturing crews must have both male and female 21-year-old leaders for overnight activities. All registered adults participating in any nationally conducted event or activity must have completed **BSA Youth Protection training**. At least one registered adult who has completed BSA Youth Protection training must be present at all other events and activities that require a tour permit. Youth Protection training is valid for two years from the date completed.

1. The adult leader in charge of this group must be at least 21 years old.

Name \_\_\_\_\_ Age \_\_\_\_\_ Scouting position \_\_\_\_\_ Expiration date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Youth Protection trained ☐ Yes ☐ No

As the tour leader, I certify that appropriate planning has been conducted, qualified and trained supervision is in place, **permissions** are secured, and I have read and have in my possession a copy of **Guide to Safe Scouting** and other appropriate resources.

Adult leader's signature \_\_\_\_\_

2. Assistant adult leader name(s) (minimum age 18, or 21 for Venturing crews)

Name \_\_\_\_\_ Age \_\_\_\_\_ Scouting position \_\_\_\_\_ Expiration date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Youth Protection trained ☐ Yes ☐ No

Attach a list with additional names and information as outlined above.

Signed by member of unit committee \_\_\_\_\_

Signed by tour leader \_\_\_\_\_

Signatures must be from two different people.

### RETAIN IN COUNCIL SERVICE CENTER

#### OFFICIAL LOCAL TOUR OR CAMP PERMIT BOY SCOUTS OF AMERICA

This permit should be in the possession of the group leader at all times and displayed when requested by Scouting officials or other duly authorized people.

Permit issued to \_\_\_\_\_ Type of unit \_\_\_\_\_ No. \_\_\_\_\_ Chartered organization \_\_\_\_\_

Name of tour leader \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

Assistant tour leader \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

Permit covers all travel between \_\_\_\_\_ and \_\_\_\_\_

Dates of trip from \_\_\_\_\_, 20\_\_\_\_, to \_\_\_\_\_, 20\_\_\_\_

Total youth \_\_\_\_\_ 0 \_\_\_\_\_ Total adults \_\_\_\_\_ 0 \_\_\_\_\_

This group has given the local council every assurance that they will conduct themselves according to the best standards of Scouting and observe all rules of health, safety, and sanitation as prescribed by the Boy Scouts of America and as stated in the Pledge of Performance on the reverse side of this permit.

These spaces are for the signatures and comments of officials where the group camps or stays for one night or more. Signatures indicate that the cooperation and conduct of the Cub Scout, Boy Scout, Varsity Scout, or Venturing group were satisfactory in every way.

Date	Place	Signature	Comment

Local Permit No. \_\_\_\_\_

Date Issued \_\_\_\_\_

**Council Stamp**

Not official unless council stamp appears here.

Council name and address \_\_\_\_\_

Council phone no. \_\_\_\_\_

Signed for the council \_\_\_\_\_

Revised December 2008





<p>3. Party will consist of (number):</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">___ Cub Scouts</td> <td style="width: 33%;">___ Boy Scouts</td> <td style="width: 33%;">___ Varsity Scouts</td> </tr> <tr> <td>___ Venturers—male</td> <td>___ Venturers—female</td> <td></td> </tr> <tr> <td>Adults—male</td> <td>Adults—female</td> <td style="text-align: center;">0 Total</td> </tr> </table>	___ Cub Scouts	___ Boy Scouts	___ Varsity Scouts	___ Venturers—male	___ Venturers—female		Adults—male	Adults—female	0 Total	<p>4. Party will travel by:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Car</td> <td><input type="checkbox"/> Bus</td> <td><input type="checkbox"/> Train</td> <td><input type="checkbox"/> Plane</td> </tr> <tr> <td><input type="checkbox"/> Canoe</td> <td><input type="checkbox"/> Van</td> <td><input type="checkbox"/> Boat</td> <td><input type="checkbox"/> Foot</td> </tr> <tr> <td><input type="checkbox"/> Bicycle</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Car	<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Plane	<input type="checkbox"/> Canoe	<input type="checkbox"/> Van	<input type="checkbox"/> Boat	<input type="checkbox"/> Foot	<input type="checkbox"/> Bicycle			
___ Cub Scouts	___ Boy Scouts	___ Varsity Scouts																				
___ Venturers—male	___ Venturers—female																					
Adults—male	Adults—female	0 Total																				
<input type="checkbox"/> Car	<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Plane																			
<input type="checkbox"/> Canoe	<input type="checkbox"/> Van	<input type="checkbox"/> Boat	<input type="checkbox"/> Foot																			
<input type="checkbox"/> Bicycle																						

If traveling by other methods, please specify.

Party will travel with another unit/crew that has a male or female (circle one) leader. This leader will be responsible for the Venturers of my crew.

Advisor \_\_\_\_\_ Other crew's No. \_\_\_\_\_ Council \_\_\_\_\_

**Tour involves:** ☐ Swimming ☐ Boating ☐ Climbing ☐ Orientation flights (attach [Flying Permit, No. 19-672](#), required)  
☐ Wilderness or backcountry (must carry [Wilderness Use Policy](#) and follow principles of [Leave No Trace camping](#))

**Activity Standards:** Where swimming or boating is included in the program, Safe Swim Defense and/or Safety Afloat standards are to be followed. If climbing/rappelling is included, then Climb On Safely must be followed. At least one person must be trained in CPR from any recognized agency for Safety Afloat and Climb On Safely. At least one adult on a pack overnighter must have completed Basic Adult Leader Outdoor Orientation (BALOO). At least one adult must have completed Planning and Preparing for Hazardous Weather training for all tours. The listed BSA training is valid for two years.

			Expiration date of commitment card/training (two years from completion date)					
Name	Age	Youth Protection	Planning and Preparing for Hazardous Weather	BALOO	Safe Swim Defense	Safety Afloat	Paddlecraft Safety	Swimming and Water Rescue

Name	Age	CPR Certification Agency	CPR Expiration Date	First-Aid Certification Type/Agency	First Aid Expiration Date

Name	Age	NRA Instructor and/or RSO	
		No. _____	No. _____

☐ Rifle
 ☐ Shotgun
 ☐ Pistol (Venturing only)
 ☐ Range Safety Officer
 ☐ Muzzle-loading rifle
 ☐ Muzzle-loading shotgun

## INSURANCE

**All vehicles MUST be covered by a liability and property damage insurance policy.** The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed and comply with or exceed the requirements of the country of destination for travel outside the United States. (It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000 or \$100,000 combined single limit.) Any vehicle designed to carry 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.

KIND, YEAR, AND MAKE OF VEHICLE	NUMBER OF SAFETY BELTS	OWNER'S NAME	DRIVER'S LICENSE NUMBER	WILL EVERYONE WEAR A SAFETY BELT?	LIABILITY INSURANCE COVERAGE		
					LIABILITY		PROPERTY DAMAGE
					Each Person	Each Accident	
					\$	\$	\$

The local council may allow a list of the above information to be attached to or transmitted with the permit in order to expedite the process. Each unit may circle the names of the drivers for an event or an activity.

## TRANSPORTATION GUIDELINES

1. You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.
2. If by motor vehicle:

- a. **Driver Qualifications:** All drivers must have a valid driver's license and be at least 18 years of age. **Youth Member Exception:** When traveling to an area, regional, or national Boy Scout activity or any Venturing event under the leadership of an adult (21+) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission has been granted to leader, driver, and riders.

- b. If the vehicle to be used is designed to carry more than 15 people (including driver) the driver must have a commercial driver's license (CDL). In some states (including California), this guideline applies to 10 or more people.

Name: \_\_\_\_\_

CDL expiration date

- c. Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, food, and recreation stops.
- d. Safety belts are provided, and must be used, by all passengers and driver. Exception: A school or commercial bus, when not required by law.
- e. Passengers will ride only in the cab if trucks are used.

## OUR PLEDGE OF PERFORMANCE

1. We will use the Safe Swim Defense in any swimming activity, Safety Afloat in all craft activity on the water, and Climb On Safety for climbing activity.
2. We will use trucks only for transporting equipment—no passengers except in the cab. All passenger cars, station wagons, recreational vehicles, and cabs of trucks will have a safety belt for each passenger.
3. We agree to enforce reasonable travel speed (in accordance with national, state, and local laws) and use only vehicles that are in safe mechanical condition.
4. We will be certain that fires are attended at all times.
5. We will apply for a fire permit from local authorities in all areas where it is required.
6. We will at all times be a credit to the Boy Scouts of America and will not tolerate rowdiness or un-Scoutlike conduct, keeping a constant check on all members of our group.
7. We will maintain high standards of personal cleanliness and orderliness and will operate a clean and sanitary camp, leaving it in a better condition than we found it.
8. We will not litter or bury any trash, garbage, or tin cans. All rubbish that cannot be burned will be placed in a tote-litter bag and taken to the nearest recognized trash disposal or all the way home, if necessary.
9. We will not deface trees, restrooms, or other objects with initials or writing.
10. We will respect the property of others and will not trespass.
11. We will not cut standing trees or shrubs without specific permission from the landowner or manager.
12. We will collect only souvenirs that are gifts to us or that we purchase.
13. We will pay our own way and not expect concessions or entertainment from any individual or group.
14. We will provide every member of our party an opportunity to attend religious services on the Sabbath.
15. We will observe the courtesy to write thank-you notes to persons who assisted us on our trip.
16. We will, in case of backcountry expedition, read and abide by the Wilderness Use Policy of the BSA.
17. We will notify, in case of serious trouble, our local council service center, our parents, or other local contact.
18. If more than one vehicle is used to transport our group, we will establish rendezvous points at the start of each day and not attempt to have drivers closely follow the group vehicle in front of them.

## OVERNIGHT CAMPER ATTENDANCE FORM

Registration is by unit only. Do not submit this form by patrol or den.

(Please circle) Troop Pack Crew: \_\_\_\_\_

### LIST NAMES OF ALL PARTICIPANTS (PLEASE PRINT)

Patrol Name \_\_\_\_\_

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Patrol Name \_\_\_\_\_

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

### **DO NOT MAIL THIS FORM TO NCAC OFFICE**

This form must be completed and presented during check-in at the fall camporee.

## OVERNIGHT CAMPER ATTENDANCE FORM (continued)

Patrol Name \_\_\_\_\_

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Patrol Name \_\_\_\_\_

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Patrol Name \_\_\_\_\_

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

## **CUB DAY ATTENDANCE FORM**

Registration is by unit only. Do not submit this form by patrol or den.

Pack \_\_\_\_\_

### LIST NAMES OF ALL PARTICIPANTS (PLEASE PRINT)

Den Name \_\_\_\_\_

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Den Name \_\_\_\_\_

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

**CUB DAY ATTENDANCE FORM (continued)**

Registration is by unit only. Do not submit this form by patrol or den.

Pack \_\_\_\_\_

**LIST NAMES OF ALL PARTICIPANTS (PLEASE PRINT)**

Den Name \_\_\_\_\_

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Den Name \_\_\_\_\_

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.